

Strategic Partnerships Framework

MOMENTUM Routine Immunization Transformation and Equity

October 2024

KOBODO DISPENSARY.

VISION.

TO BE LEADING HEALTH INSTITUTION THAT CAN BE CENTRE OF EXCELLENCE FOR PROVISION OF EFFICIENT AND QUALITY HEALTH CARE PROVISION TO THE COUNTY

MISSION.

TO PROVIDE AND TO PARTICIPATE IN PROVISION IN INTEGRATED HIGH QUALITY HEALTH SERVICES

SERVICES CHARTER. TIME.

1- O.P.D.	10min.
2- MCH/ FP	30min.
3- LABORATORY SERVICES	20min.
4- V.M.M.C.	20min.
5- IMMUNIZATION	30min.
6- HT C	30min.
7- HIV CARE AND TREATMENT.	30min.
8- MATERNITY DELIVERY SERVICES.	30min.
9- CERVICAL CANCER SCREENING	30min.
10- LAB SERVICES (PREG. TEST & RDT)	40min.
11- COUNSELLING / GENDER BASED VIOLENCE.	30min.
12- WEIGHING.	30min.
13- ANC SERVICES	30min.

REGISTRATION FREE
MINISTRY OF HEALTH
HUDUMA BOMU HAKI YAKO,



USAID
FROM THE AMERICAN PEOPLE



Intent of This Document

1.



What is the purpose of this document?

To aid National and Subnational Immunization Program stakeholders with an increased ability to **broker and strengthen effective strategic partnerships** with new organizations, creating novel pathways and relationships for better immunization outcomes.

This framework provides a **structure, suggested processes, and historical examples** for how to strategically engage with innovative and strategic partners to tackle immunization obstacles. For practical tools to help navigate activities throughout the partnership lifecycle, please refer to the separate [Toolkit for Innovative Immunization Partnerships document](#).

2.



Who is this document for?

National and Subnational Immunization Program decision-makers, and those working in support of their agenda, including Momentum Routine Immunization Transformation and Equity Country Teams, civil society, and others interested in innovative partnership support.

3.



How can innovative partnerships drive immunization outcomes?

Despite significant progress, global and county-level immunization rates remain below where they should be, and too many children remain un- or under-immunized. Accessing the hardest to reach requires effective coordination and creative solutions. **Strategic partnerships can help build health worker capacity, extend distribution reach, drive immunization demand, access new technologies, and unlock additional resources.**

Based on learnings from research and expert interviews, the success of immunization programs requires not just technical assistance but also **engagement from non-immunization stakeholders** in sectors such as education, government administration, community leadership, telecommunications, and more to coordinate **and fill resource and capability gaps** at country, subnational, district, and community levels.

Our
Approach

25+ Interviews with immunization professionals and experts

5+ Workshops and working sessions

30+ Case studies/ partnerships reviewed

40+ Organizations engaged working in **30+** countries

Table of Contents



1. INTRODUCTION

Purpose and role of Innovative Partners

Why do innovative partnerships matter?

What can innovative partnerships do for you?

What is needed to make partnerships successful?



2A. PARTNERSHIPS LIFECYCLE

Strategy and Design

Which immunization challenges can be addressed through the engagement of partners?

What advantages can different partners bring to address the challenge (e.g., expertise, resources, etc.)?

How can an immunization program define a partnership vision?



2B. PARTNERSHIPS LIFECYCLE

Launch and Management

How can an immunization program plan for, launch, and manage a partnership?

How can an immunization program engage with the right partners?



2C. PARTNERSHIPS LIFECYCLE

Improvement and Learning

How does an immunization program know if a partnership is working?

How does an immunization program monitor and improve the partnership?



3. CASE STUDY LIBRARY

Partnership Examples

What lessons can be learned from past innovative immunization partnerships?



4. COMPLEMENTARY RESOURCES

Partner Insights and Tools

What are the key takeaways for engagement with specific partners?

What tools and templates can help immunization programs navigate through the partnership lifecycle?

SECTION 1

PURPOSE AND ROLE OF INNOVATIVE PARTNERSHIPS

WHY INNOVATIVE PARTNERSHIPS?

WHAT CAN INNOVATIVE PARTNERSHIPS DO FOR YOUR AGENDA?

WHAT IS NEEDED TO MAKE PARTNERSHIPS SUCCESSFUL?



What We Are Hearing

Key insights from immunization stakeholders at global, national, and district levels show a need for an innovative immunization partnerships framework

Innovative partnerships have yet to be fully considered and mobilized



Innovative partnerships have not been documented, monitored, or evaluated in a scalable way.

- Multilateral Agency Leader



There are partnerships at the local level that are undocumented and unrecognized by MoH.

- NGO Country Director, DRC



Solving problems requires mobilizing resources and capacities too large for any one sector to do.

- NIP National Manager

National Immunization Programs (NIPs) recognize need for innovation in planning for non-immunization partnerships



We need more sectors represented – in the planning, implementation, and evaluation.

- Provincial Expanded Program on Immunization Manager



Innovative partnerships aiming to reduce the number of zero-dose children need to support an equity agenda.

- Multilateral Agency Leader



Small organizations are key because of the close proximity to communities, but lack of funds remains.

- NGO Country Director, Mozambique

Innovative partnerships are necessary and challenging



Non-traditional partners can be opponents of vaccination – like some religious groups.

- NIP National Manager



Each community is different – the partners to achieve results would be different.

- NIP Provincial Manager



Partnerships in urban areas require a lot of coordination, memorandum of understanding (MOUs), creativity, and pragmatism.

- Multilateral Agency Leader

What Are Innovative Partnerships in Immunization?

Engaging both immunization and non-immunization partners can help overcome entrenched obstacles



Innovative partnerships happen between **immunization and non-immunization actors** who share **mutually agreed objectives** and work together to achieve a **common goal**.

Innovative partners can use their **unique strengths** to improve access to immunization for **priority populations** by overcoming **immunization obstacles**. (such as low demand, stigmas and distrust, weak supply chains, lack of funding, lack of resources to reach populations, and more)

Why Are Innovative Partners Critical To Immunization Equity?

Innovative partnerships can help advance an equity agenda and better reach priority populations and communities



Often, we don't work with partners because it is harder and working in the traditional context has got us 80 percent of the way.

- Multilateral Stakeholder, Traditional Partner



TRADITIONAL PARTNERS

<p>Funders (e.g. Gavi) </p> <p>Provide investment for vaccines, infrastructure, and service delivery</p>	<p>International Tech Leadership (e.g. WHO) </p> <p>Set standards, publish and disseminate tools, provide technical assistance</p>
<p>Policymakers (e.g. national governments) </p> <p>Create national policies and budgets to support routine immunization and campaigns</p>	<p>Supply Chain (e.g. UNICEF) </p> <p>Ensure vaccination cold chain and delivery to service delivery points</p>
<p>Service Delivery (e.g. UNICEF, WHO Country) </p> <p>Provide immunization outreach, services, follow-up, and tracking</p>	<p>Subnational and District Governments </p> <p>Aggregates, monitors, and reports community and population-level immunization information</p>

INNOVATIVE PARTNERS

<p>Transportation </p> <p>Can provide Community Health Workers (CHWs) with resources for outreach</p>	<p>Media and Telecommunications </p> <p>Can generate demand through existing channels like radio and SMS to inform the public and relay positive immunization messages</p>	<p>Religious Groups and Leaders </p> <p>Can inform public and generate demand through society influences</p>
<p>Community Resource Groups </p> <p>Can inform public and generate demand through community influences</p>	<p>Employers </p> <p>Can provide in-kind support and assemble caregivers and priority populations in convenient locations</p>	<p>Professional Associations </p> <p>Can educate health care workers to support service delivery and outreach and inform public</p>
<p>Education </p> <p>Can help reach priority populations such as children and adolescents</p>	<p>Local Government </p> <p>Can provide political commitment and authority and help address obstacles such as those related to funding</p>	<p>Food and Beverage </p> <p>Can provide in-kind resources, expertise, and capabilities to support supply chain to service delivery</p>

READER REFLECTION:
What other non-immunization actors can interact with National Immunization Programs in meaningful ways?

TO REACH 100 PERCENT IMPACT, WE NEED INNOVATIVE IMMUNIZATION PARTNERSHIPS

Innovative Partnerships Can Overcome Entrenched Obstacles

Innovative partnerships have the potential to generate demand, increase access, unlock resources, and more. Immunization Program Planning teams can think creatively about ways to engage and there can be benefits on all sides of the partnership.

Immunization Obstacle	Potential Solution with Innovative Partners	Sectors to Engage	Stakeholder Groups	Benefits to immunization program	Innovative Partner Interests	Real World Example
Demand Generation	<ul style="list-style-type: none"> Train community members with diverse social networks Use physical gathering points for education campaigns 	Community Resource Groups	Barbers, religious institutions, civil societies	Community influence to support demand creation	Ensuring a healthy and safe community	<ul style="list-style-type: none"> Religious leaders and politicians provided time to health workers for sharing key messages on routine immunization at public gatherings
	<ul style="list-style-type: none"> Provide outreach and messaging to priority population across different media channels 	Telecommunications and Media	Mobile phone/SMS provider, local radio station, local news outlets	Technology and infrastructure capabilities to communicate messages to broad audience	Ensuring a healthy community and economy where their business can thrive; brand recognition	<ul style="list-style-type: none"> Resident district commissioners provided airtime on local radio for health workers to inform communities on routine immunization (RI) services. TelComs provided in-kind donation of services such as automated SMS or calls
Stigmas and Distrust	<ul style="list-style-type: none"> Integrate immunization into health education curricula 	Education	Ministries of education, private school/public school district leaders and directors, parents' associations	Access to priority groups, integration with existing programming	Ensuring children are healthy to minimize school disruption	<ul style="list-style-type: none"> Human Papillomavirus vaccine information has been integrated into existing health curriculum to mitigate stigma
	<ul style="list-style-type: none"> Create public campaign 	Local Government, Military, Sport, Arts, and Culture	Multiple	Greater visibility and acceptance, dispelling rumors	Ensuring healthy society, reduced societal costs, increased productivity	<ul style="list-style-type: none"> Brazil <i>Athletico Paranes</i> club partnered with health organizations to offer free COVID-19 vaccines for players, officials, and fans with paid memberships
Supply Chain/ Cold Chain	<ul style="list-style-type: none"> Leverage expertise and supply chain from embedded industries 	Retail	Beverage distributors, clothing companies, grocery stores or markets	Access to skills and capabilities, i.e., supply chain, in-kind donations	Ensuring healthy community and productive economy brand recognition	<ul style="list-style-type: none"> Coca Cola leveraged its cold chain distribution expertise for beverages to support last-mile vaccine distribution
Lack of Resources to Reach Target Populations	<ul style="list-style-type: none"> Create transportation alternatives 	Transportation	Public transportation associations, rideshare groups	Greater access to immunization services	Customer loyalty	<ul style="list-style-type: none"> Private organizations (local bank) provided motorcycles to transport health workers for outreach activities
	<ul style="list-style-type: none"> Use larger employers for vaccination site 	Local Employers	Multinational companies, manufacturing sites, agricultural businesses	Access to various skills and capabilities, in-kind donations, funding	Ensuring a healthy community and economy where their business can thrive; brand recognition	<ul style="list-style-type: none"> Private tire company (large employer) used facility as vaccination site for employees
Lack of Sustainable Funding	<ul style="list-style-type: none"> Integrate local governance in immunization planning 	Local Government Ministry of Finance	District/county health officials	Influence, existing programming, funding	Ensuring a healthy and safe community	<ul style="list-style-type: none"> District Council allocated 1 percent of local revenue to support immunization Governments provided funds to support immunizers' allowances for outreach

SECTION 2

PARTNERSHIP LIFECYCLE

WHAT'S THE PROCESS TO FOSTER OR FACILITATE A PARTNERSHIP?

WHAT MAKES PARTNERSHIPS SUCCESSFUL?

WHAT MAKES PARTNERSHIPS STRUGGLE?



Partnerships Lifecycle

Partnerships require more than a traditional project cycle. Attention and effort must be given to the evolving needs of a partnership over time. A partnership where the issues are clarified, interests are defined, and effective strategy designed will lead to strong program implementation, greater impact, and greater sustainability.



IMPROVE & LEARN

How does an immunization program know if a partnership is working?

How does an immunization program monitor and improve the partnership?



LAUNCH & MANAGE

How can an immunization program engage partners and launch a partnership?

How can an immunization program manage & coordinate a partnership?



STRATEGY & DESIGN

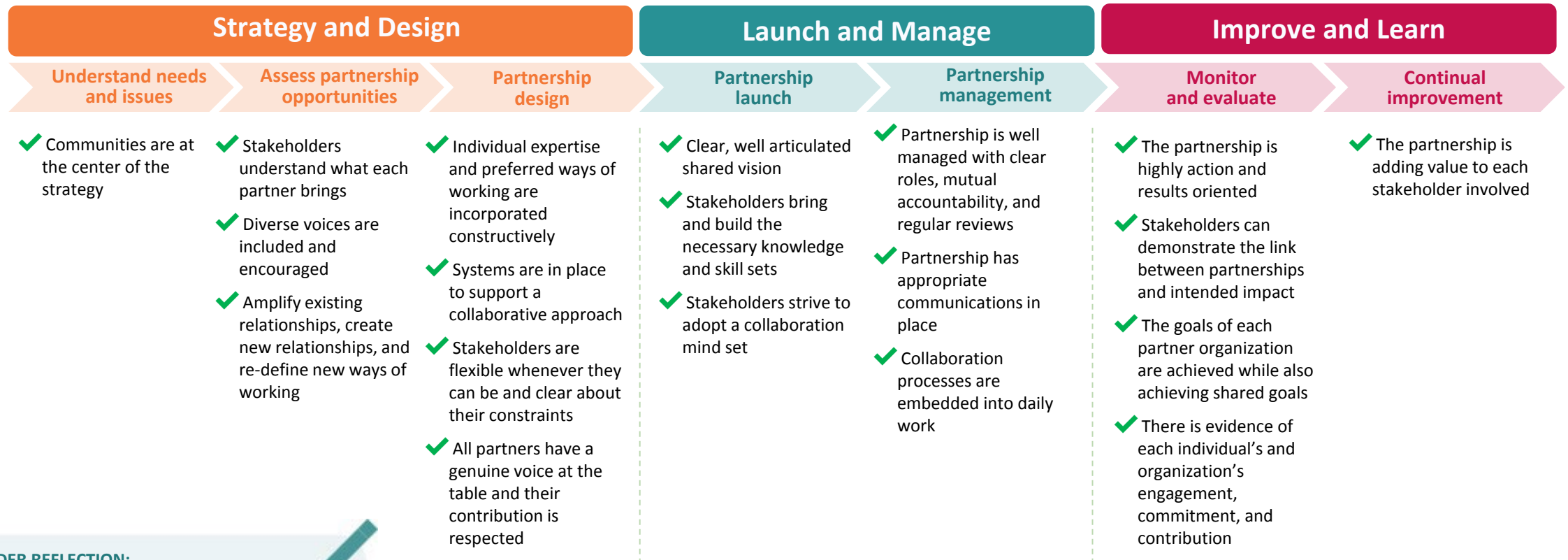
What advantage can different partners bring to address the challenge (e.g., expertise, resources, etc.)?

Which immunization challenges can be addressed through the engagement of partners?

How can an immunization program define a partnership vision?

What Makes Partnerships Successful?

While there is no one element that ensures success, several factors can contribute to a strong and effective partnership



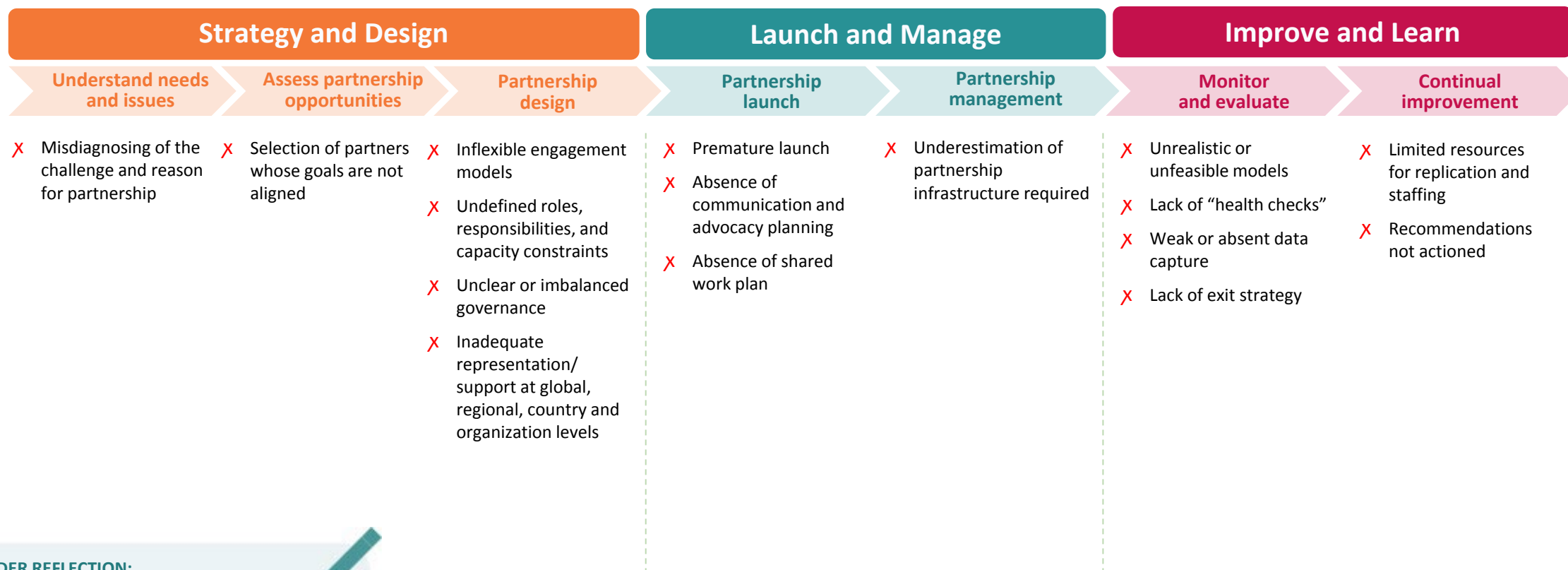
READER REFLECTION:

When have you seen partnerships succeed? Why did they succeed?



Why Do Partnerships Struggle?

By understanding why partnerships struggle, we can identify how to mitigate risks in and improve partnerships.



READER REFLECTION:
 How have you seen partnerships struggle?
 What could have been done differently?

SECTION 2

PARTNERSHIP LIFECYCLE

2A: STRATEGY AND DESIGN

WHAT ADVANTAGE CAN DIFFERENT PARTNERS BRING TO ADDRESS THE CHALLENGE (E.G., EXPERTISE, RESOURCES, ETC.)?

WHICH IMMUNIZATION CHALLENGES CAN BE ADDRESSED THROUGH THE ENGAGEMENT OF PARTNERS?

HOW CAN AN IMMUNIZATION PROGRAM DEFINE A PARTNERSHIP VISION?





Understand Needs and Issues

Examine immunization obstacles, unmet needs, and whether a partnership may be beneficial

GUIDING QUESTIONS

- What are our most critical immunization challenges? Why do these challenges exist?
- What is currently being done in the country/district/community to address this? Who are the actors involved?
- What is required to address these challenges? What additional resources or capabilities may be required?

BEST PRACTICES

Ensure the appropriate stakeholders are involved and committed to candid reflections

Listen to and incorporate the voice of those affected by immunization obstacles

Avoid “partnerships for partnerships sake.” There must be underlying added value

CONSIDERATIONS FOR INNOVATIVE IMMUNIZATION PARTNERSHIPS

- Consider both **direct (e.g., health care worker) and indirect (e.g., community influencers like barbers and teachers) actors** involved across the immunization process.
- To identify target subpopulations and their specific needs, seek input on community needs from **diverse stakeholders** including multiple health and non-health actors that know the community. This can help ensure sub-populations are not missed.
- Consider whether similar challenges exist in other sectors/industries and what learnings from there can be applied here.

KEY ACTIVITIES

1. **Identify current specific challenges and barriers to immunization equity and access**
2. **Conduct root cause and data analyses on those challenges to deepen understanding**
3. **Identify and prioritize intervention opportunities to address the root causes based on impact, effort, and resources required**
4. **Socialize and revise list with key community stakeholders**

KEY OUTCOMES

- A deep understanding of the obstacles to particular immunization challenges and their root causes
- Identification and prioritization of the needs that should be met to tackle the immunization obstacle



Identify Partnership Opportunities

Identify and select potential partners who address immunization needs and capability gaps

GUIDING QUESTIONS

- Which activities can an NIP perform effectively independently? Where could traditional immunization partners support? How could non-immunization stakeholders help? What types of stakeholders could be considered in the specific community?
- How could we decide which organizations we should prioritize? What selection criteria should we use?
- What benefits does the partner bring? How will we leverage the partner's expertise? What would the potential benefit of partnership be for the partner?

BEST PRACTICES

Ensure NIP interests and potential partners' interests are aligned and overlapping

Invest time in aligning on purpose-driven selection criteria and screening partnerships before selection

Consider cross-sector partners that may be innovative in the health and immunization space but also gain benefits from partnering

CONSIDERATIONS FOR INNOVATIVE IMMUNIZATION PARTNERSHIPS

- Life-course vaccination approaches and partnerships can help protect people of all ages and at all stages of life.
- There may be different partnership opportunities depending on your target patient age (e.g., if the target is children, education partnerships may be a fit, but if the target is adults, employer partnerships may be a fit).
- When evaluating and selecting partners, consider prioritization criteria such as the points below:

A **Capability Analysis**
What are they doing and how closely does it align with our vision?

B **Relevance of Strategic Focus**
How focused are they on partnership opportunities, and where do they focus along the value chain?

C **Partnering Strength**
How strong is our relationship or their potential role as a partner?

D **Brand & Reputation**
How strong is their brand, reputation, and local footprint?

KEY ACTIVITIES

1. Review existing partnerships, initiatives, and key actors to identify gaps in existing efforts and potential partners
2. Brainstorm new partnerships, initiatives, and key actors to identify potential partners who fit opportunity areas
3. Identify what benefits each partner can contribute and gain
4. Develop selection criteria and prioritize/select partners based on that selection criteria

KEY OUTCOMES

- Identification of partnership opportunities
- Prioritization and selection of partners
- Analysis of shared benefits and high-level partnership vision



Partnership Design

Identify how a partnership could function and operate for success

GUIDING QUESTIONS

- Who are the main actors and what are their roles and levels of engagement?
- What resources is each actor able to commit (e.g., funding, time, access, infrastructure, service)?
- How can we ensure partners' perspectives are heard? Is there a better way to distribute power and influence?
- What is the appropriate governance or partnership structure? How formal or informal should this be?
- How will resources be shared and allocated?

BEST PRACTICES

Ensure roles, responsibilities, and governance levels are clearly defined and committed to on both sides of the partnership

District-level commitment is critical for successful coordination and execution of activities

Engage key voices or barriers early and in the design/ co-creation phase

KEY ACTIVITIES

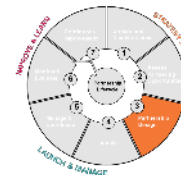
1. Co-create a common partnership vision, objectives, and activities, including key milestones and timelines
2. Identify and develop plan to access, reallocate, or adapt based on resources (human or financial) required to test or operationalize partnership
3. Make a plan for accessing, re-allocating, or improvising to address resource needs
4. Identify key roles and responsibilities including levels of engagement for key decision-makers
5. Align on the key resources and partnership models with partners

KEY OUTCOMES

- Partnership vision and objectives established
- Key questions around how (governance model) who (operating model) and what (activity plan) are agreed upon

CONSIDERATIONS FOR INNOVATIVE IMMUNIZATION PARTNERSHIPS

- Innovative partnerships may require a bit more flexibility, time, and communication to ensure appropriate understanding and alignment.
- Too much dependence on external “top-down” funding can hinder local ownership and local sustainability.
- Formality of the partnership and level of partner engagement may vary based on the context.
- If resource constraints are an issue, consider starting small and testing a partnership.
- Make sure your structure is developed to support the objective of the partnership, not the other way around.
- Consider the following questions to outline the shared partnership design:
 - What is the partnership vision and value to immunization?
 - What are the benefits for each partner involved? What benefits does each partner bring?
 - What role will the partners play?
 - To operationalize the partnership, what human resources, processes, tools, or technologies are required?
 - Who will oversee the direction and control of the partnership?
 - What upfront investments are required for the partnership?



Case Study: District-Level Bottom-Up Microplanning in Ethiopia

Defining the partnership vision of local champions to strengthen routine immunization through community engagement

CASE STUDY OVERVIEW

A primary issue for health care workers in Sodo Zuria, Ethiopia, was the poor, outdated data that left many children who needed to be immunized unaccounted for, as well as the lack of resources to support outreach. The Health Governing Board of Shela Borkoshe (key funder), JSI (program facilitator), and district health team (lead implementor) knew that they needed to find a way to receive accurate, **up-to-date data and support from people who knew the population** to better plan outreach for individuals in need of routine immunization services.

The district health team instituted a “bottom-up microplanning” approach, engaging training and **utilizing local community leaders (such as teachers and government leaders) as access points to their communities**. This approach allowed the district health team to co-create local solutions to big problems with community leaders. Through this, they received **population data, including names** of children who had been missed in immunization planning, and additional funding to support outreach as the need arose. Local leaders were also **integrated into the quality improvement process**, which helped increase engagement and accountability at the district level. This, along with increased resources and funding from both local government and the Health Center Governing Board of Shela Borkoshe, helped expand the reach of routine immunization.

KEY ACTORS:



Funders

- Health Governing Board of Shela Borkoshe
- Local government

Implementors

- JSI
- Shela Borkoshe Health Center
- Village and community leaders



LOCATION:

Sodo Zuria Woreda District, Ethiopia

Defining The Partnership Vision and Selecting & Engaging Partners

Partnership engagement and vision definition in this example was an informal process without written contracts or schedules. It was very important to involve community influencers and leaders early in microplanning for immunization service delivery to establish trust and ownership from the community. Local community leaders from government and education were invited as observers in early microplanning sessions and on a monthly basis. This provided transparency to the process and ongoing immunization needs and built a trusting relationship between health teams and community leaders. As gaps in resources (e.g., funding, data, transportation) were identified during microplanning, community leaders offered to support through monetary or in-kind donation (e.g., providing a motorcycle to conduct community outreach). This is how the partnership vision was defined—health workers identified key gaps, and community leaders provided insight into available resources.

As additional resource needs arose in monthly meetings, health teams approached community leaders for additional support. These leaders were more willing to partner and help since they were involved from the beginning.

SECTION 2

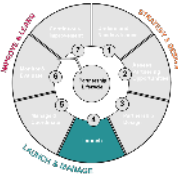
PARTNERSHIP LIFECYCLE

2B: LAUNCH AND MANAGE

HOW CAN AN IMMUNIZATION PROGRAM ENGAGE PARTNERS AND LAUNCH A PARTNERSHIP?

HOW CAN AN IMMUNIZATION PROGRAM MANAGE AND COORDINATE A PARTNERSHIP?





Engage and Launch

Understand how to successfully launch a partnership for effective coordination.

GUIDING QUESTIONS

- Who will provide orientation/training and to which partners?
- How and when will we communicate? Who will facilitate management meetings?
- What are the risks, and how will we mitigate them? What are the protocols for escalating and addressing risks and challenges?
- What are some factors to consider when engaging with innovative partners new to immunization?
- How and when will we plan to review progress?

BEST PRACTICES

Align on coordination and communication expectations and timelines

Gain commitment from partners in written agreement if appropriate and review annually

Foster dialogue and establish personal relationships with partners to begin to build trust

CONSIDERATIONS FOR INNOVATIVE IMMUNIZATION PARTNERSHIPS

- Consider engaging local non-immunization leaders early as listeners in immunization microplanning sessions. Often, if they see resource gaps, they may offer resources to fill the gaps.
- Consider what unique challenges can arise when a partner is new to immunization and strive to recognize each partner’s capabilities, cultures, and motivations when coordinating. Non-immunization partners may need an orientation to the health system and immunization programming.
- When considering incentives for partners, think about what is valued in the community. For example, in a rice farming community, they may value and appreciate a wheel barrow to support rice harvesting.
- Address difficult conversations early and often. Select questions to discuss in launch meetings:
 - Who is going to coordinate management meetings?
 - What are each partner’s roles and responsibilities?
 - Who is going to pay for what and when? And for how long?
 - What data needs to be collected for monitoring and how will they be shared?

KEY ACTIVITIES

1. Create launch readiness plan
2. Forecast risks and create mitigation plan
3. Formalize written agreement or project charter if appropriate
4. Engage stakeholders in kickoff and set ongoing cadences and success measures

KEY OUTCOMES

- Partnership formalized and launched.
- Commitment to governance, funding, and operating model activities from key partners.



Manage and Coordinate

Understand how to facilitate and manage a partnership for effective ongoing coordination.

GUIDING QUESTIONS

- How and when will partners report and share and to whom?
- How will we as partners build and maintain trust?
- Are we collaborating well? What can be improved? What principles can be agreed upon to make partnership collaboration better?

BEST PRACTICES

Ensure structured dialogues or monthly check-in meetings are established with key partners to share what's working well and what's not working well

Add on scope to existing roles, meetings, and reporting mechanisms at district- or health-center levels to help gain buy-in from partners

CONSIDERATIONS FOR INNOVATIVE IMMUNIZATION PARTNERSHIPS

- Ensure cross-sectoral meetings (e.g., updating local government) are occurring to ensure partners can support to lower any barriers and fulfill resource needs.
- Routinely engage and train community leaders on when and where services should be delivered to ensure populations aren't missed and the immunization plan meets community needs.
- Include 1-2 community representatives (e.g., teacher or religious leaders) in management meetings to incorporate community voices. Identify these community representatives based on their influence in the community and ability to spread messages to and gain perspectives from community members.
- Opportunities for structured dialogue to ensure equity, balance, and transparency include enabling partner participation in task forces, leadership committees, councils, and involvement in program changes and prioritization activities.

KEY ACTIVITIES

1. Implement plan and mobilize resources
2. Operationalize the models, processes, and common agenda from partnership design phase
3. Conduct agreed upon meetings and reviews
4. Continue to communicate with key stakeholders

KEY OUTCOMES

- Partnership milestones and key outcomes are being met.

Case Study: Engaging Traditional Leaders for Immunization Tracking

Launching a partnership with traditional leaders to generate immunization demand and improve reach in Northern Nigeria

CASE STUDY OVERVIEW

Immunization advocates in Yobe State, Nigeria, had been building up a robust pipeline of vaccine supplies and strengthening their supply chain; however, vaccine uptake in the state remained stagnant. In large part, this was due to a “demand” problem because of **mistrust at the community level** and **outdated/incomplete data** on children to be treated. Working with traditional settlement heads, *mai unguwas*, who acted as **keepers of oral rosters of births/deaths**, Solina Centre for International Development and Research facilitated teams that gathered information about newborns and children. Teams worked with *Emirs* (Muslim rulers) and district and village heads, encouraging leaders to act as health champions and **rewarding high-performing village leaders** in recognition ceremonies. They also engaged resources such as birth attendants, barbers, and market women to help **engage with families** about the value of immunization. Settlement leaders became **custodians of their community registration ledgers**, which became the baseline document used for health facility immunization registers.

KEY ACTORS:



Funders

- Yobe State Primary Health Care Management Board (YSPHCMB)
- Local philanthropic organizations

Implementors

- YSPHCMB
- Solina Center for International Development and Research (SCIDaR)
- Settlement and village leaders



LOCATION:

Yobe State, Nigeria, but also expanded to 6 other states in Northern Nigeria

Sources: <https://brightspots.boostcommunity.org/traditional-naming-practices-offer-advantages-for-immunization-tracking>

Engaging and Motivating Traditional Leaders: Partnership Launch

The existing relationship among SCIDaR, foundations, and state government was an advantage here; SCIDaR shared the low coverage rates and need to change something in a tactical way. SCIDaR joined forces with the state primary health board to first test the name-based strategy idea with the governor then the sultan and then the emirates council. Each level of support helped gain buy-in from the next.

The sultan is the most powerful and influential religious authority in region, and in every state there are emirs. The sultan communicated widely to all emirs that the traditional system supports the name-based strategy and continued reminding emirs of his support. This helped launch the partnership with emirs and district and village heads to track names, encourage community member involvement, and share results with the district health team.

At launch, there wasn’t a formal document, but orientation on roles and responsibilities and the health system was important for traditional leaders like emirs who were new to immunization planning and coordination. On an ongoing basis, emirs and the health district team would meet to discuss what was working well and not. After successful execution of the partnership, traditional leaders were also rewarded through a community recognition such as a ceremony at the end of the year for consistent voluntary service.

SCIDaR first tested the strategy and partnership in Soputo for a few months so there were some results to show. This strategy was scaled across six states, and results from the Soputo pilot helped gain buy-in from other states in a straightforward way.

SECTION 2

PARTNERSHIP LIFECYCLE

2C: IMPROVE AND LEARN

HOW DOES AN IMMUNIZATION PROGRAM KNOW IF A PARTNERSHIP IS WORKING?

HOW DOES AN IMMUNIZATION PROGRAM MONITOR AND IMPROVE THE PARTNERSHIP?



Case Study: CORE Group Polio Project (CGPP) in India

Monitoring and sustaining community impact through community action groups

Case Study Overview

In India, polio eradication efforts had been largely top-down vertical efforts of the MoH, which had lost the trust of the populations it was trying to help. There was a **need for community-level engagement** to reach all children and re-establish trust around vaccinations. The CGPP sought to eradicate polio through four pillars: 1) strengthening routine immunization and expansion of immunization coverage, 2) offering supplemental immunization, 3) conducting surveillance for acute flaccid paralysis, and 4) developing “mop up” and outbreak response campaigns. CGPP leveraged several levels of partnership to do this: 1) **civil society partnerships to champion country perspectives**, 2) **implementing partners** to oversee national/local NGOs with deep community connections, 3) a neutral in-country secretariats partner to provide **technical assistance**, and 4) a virtual-based global secretariat to **coordinate work across partners and provide funding**. The CGPP played a critical role in bridging the gap and building trust between traditional organizations in the global health space and local NGOs.

KEY ACTORS:



Funders

- USAID

Implementors

- CORE Group
- WHO
- UNICEF
- CDC
- Rotary
- Gates Foundation
- Gavi
- Various NGOs (e.g., Jan Kalyan Samiti, ADRA India, Catholic Relief Services, etc.)

LOCATION:



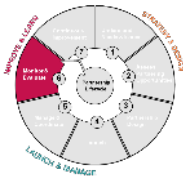
Case study focus is India, but CGPP programs also exist Ethiopia, South Sudan, Nigeria, Kenya, Somalia, Angola, Bangladesh, and Nepal

Sources: <https://coregroup.org/cgpp-india/>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6776098/>
<https://jhu.pure.elsevier.com/en/publications/the-core-group-polio-project-an-overview-of-its-history-and-its-c>

Monitoring and Improving Partnerships to Drive and Sustain Impact

The program formed a district task force chaired by the district collector and magistrate, a government official who is the key decision-maker at the district level. Either the district collector and magistrate (the senior most government official) or the district chief medical officer chaired its meetings to review the progress of polio eradication in the district. At the meetings, attendees discussed evidence-based actions and next steps to improve the partnerships, including their impact.

Volunteer community action groups, comprising five to six community influencers, were created to take zone ownership to sustain impact. CGPP field staff routinely engaged with the community action groups to provide orientations and evaluate progress. CGPP continued to improve the partnerships by empowering the community action groups and the Indian government’s frontline workers (ASHAs) with communication and capacity building skills, as well as indigenous tools to help deliver key messages. The community action groups remained even after polio eradication and have expanded to support routine immunization and COVID-19 messaging.



Measuring the Success of Partnerships and Ways to Improve Them

Monitor and evaluate the partnership for continuous improvement

GUIDING QUESTIONS

- What is the process for measuring success? Who is responsible?
- How will we know if we're successful? What are the relevant success measures?
- Is this partnership working?
- Is the cost of this partnership (time, financial, etc.) enabling added value?

BEST PRACTICES

Success of the partnership is linked to the impact of the initiative, program, or intervention

Annual partnerships health check-in meetings review the success of the partnerships and ways to improve them

CONSIDERATIONS FOR INNOVATIVE IMMUNIZATION PARTNERSHIPS

- **Annual partnerships health check-in meeting is held to determine if the partnerships should continue and how they could be improved. Consider the following discussion topics:**
 - Do we have good collaboration at an organization and individual level?
 - Do we feel like we are using our respective core competencies in this partnership?
 - Do we feel like the communication is good?
 - Do we feel this partnership is creating great efficiencies and value?
 - What value is being created through this partnership? How can we increase value?
 - Is this partnership still worth the investment?
- **Leverage some time in the regular monthly status meetings to check in on how the partners can collaborate and communicate better.**

KEY ACTIVITIES

1. **Define process for tracking toward success measures**
2. **Align on indicators with key partners**
3. **Align on process and responsibilities for M&E activities**
4. **Conduct annual partnership performance check-in**

KEY OUTCOMES

- Success metrics and indicators defined
- Process and accountability of M&E confirmed
- Reflection of partnership performance conducted

SECTION 3

CASE STUDY LIBRARY

WHAT ARE EXAMPLES OF INNOVATIVE IMMUNIZATION PARTNERSHIPS?

WHAT LESSONS CAN BE LEARNED FROM PAST INNOVATIVE IMMUNIZATION PARTNERSHIPS?



Case Study Introduction

This section highlights case studies from past innovative immunization partnerships and examples of how non-immunization partners came together to achieve impact in immunization access.



**KEY PROBLEM, APPROACH,
AND RESULTS**



KEY ACTORS



PARTNERSHIP INSIGHTS

Partnership Case Study Index

- 01 Partnering with Community Resource Groups**
Strengthening routine immunization through subnational partnerships in Nigeria
- 02 Ebola Tracking System**
Partnering with media and telecommunications for disease surveillance and response in Sierra Leone
- 03 Project Last Mile (PLM)**
Private sector-government partnership to improve access to medicines in the last mile in Africa
- 04 Partnering for Immunization in a Conflict Zone**
Engaging women's associations and the military to support rapid immunization in Cameroon
- 05 Electronic Vaccine Intelligence Network (eVIN)**
Partnership to digitize supply chain and empower workers to deliver vaccines in India
- 06 Zipline National Drone Delivery Service**
Public-private partnership using drones to deliver vaccines in Ghana
- 07 CORE Group Polio Project (CGPP)**
Partnering with community-based organizations and governments to strengthen polio immunization across India
- 08 Bottom-Up Microplanning for Immunization Resources**
Raising local champions and non-health actors to fill resource gaps in Sodo Zuria Woreda District, Ethiopia
- 09 School-Based HPV Vaccination**
Partnering with public and Catholic schools to deliver vaccines to adolescent girls in Madagascar
- 10 Engaging Traditional Village Leaders for Name Tracking**
Partnering with traditional leaders to generate demand and improve reach for pentavalent immunization in Nigeria



Case Study: Partnering with Community Resource Groups

Strengthening routine immunization through subnational partnerships in Nigeria

KEY PROBLEM

While a number of development partners have provided financial and technical support to the state, immunization coverage in Bauchi State, Nigeria, remained among the lowest in the country because activities had not been well coordinated, leading to inefficient deployment of resources. The solution described here sought to address **limited demand/awareness surrounding immunization** and **weak linkages to health facilities** in the community.



APPROACH

The Community Engagement/Social Mobilization Working Group (WG) of the Bauchi State Routing Immunization Program worked with partners to develop a community engagement strategy to increase immunization coverage. The strategy identified **specific routine immunization support roles for prominent community resource groups (CRGs)** that include traditional birth attendants, barbers, imams, and other community actors.



SOLUTION IMPLEMENTATION

CRG actors were tasked with **registering children in their communities, linking them to facilities for RI, and tracking their immunization progress** through simplified registers (e.g., My Village Home Register). Traditional religious leaders were also trained and **asked to deliver key RI messaging and event announcements** during religious ceremonies and other important gatherings. Health service providers were also trained to use registers that enabled volunteers to follow up with children in the community. In addition, over 2,000 traditional barbers were trained to refer children to facilities for RI. The WG also supported community mobilization activities and conducted sessions to educate the public on RI and its benefits and address negative perceptions about RI.



IMMUNIZATION GAP:

Supportive Supervision and Demand Generation for Routine Immunization



KEY ACTORS:

Funders

- USAID
- Gates Foundation
- Aliko Dangote Foundation
- Bauchi State Government

Implementors

- USAID – Maternal and Child Survival Program
- Bauchi State Government



LOCATION:

Bauchi State, Nigeria



RESULTS:

Engaged more than 2,000 traditional barbers and community leaders, leading to a ~26 percent increase in children successfully referred for immunization between 2017 and 2018.



PARTNERSHIP INSIGHTS:

- **Clear Partnership Objectives:** Established a memorandum of understanding (MOU) with 2 primary goals: to establish sustainable financing for the Bauchi State Immunization Program and improve vaccination coverage through improved coordination and accountability
- **Focused and Specialized Working Groups:** Working under a broad MOU, it was critical to establish targeted working groups to address the various components of immunization (e.g., community engagement, training, finance, etc.)
- **Community Engagement:** It was important to empower local influencers and actors to champion RI initiatives through a grassroots approach that targeted parents during their everyday touchpoints.



Case Study: Ebola Tracking System

Partnering with media and telecommunications for disease surveillance and response in Sierra Leone

KEY PROBLEM

Sierra Leone was at the heart of one of the **worst Ebola outbreaks in global history**. The disease was estimated to infect more than 14,000 people in the country, killing close to 4,000. With thousands of individuals requesting aid, the government of Sierra Leone was overwhelmed and **struggling to get a clear and comprehensive picture of what needed to be done**, how resources could be shared, and who needed to be engaged.



APPROACH

The Government of Sierra Leone **required visibility into where relief efforts were most needed, how to prioritize resources accordingly, and with which partners**.

International organizations were eager to provide relief, but with no way to identify outbreaks and gauge needs, it was difficult to facilitate support. Needing to **monitor and communicate directly with affected communities**, the government, IBM, Airtel, and Radio Stations sought to leverage the most user-friendly and widespread communication device in the country—mobile phones. Sixty percent of Sierra Leone's population is illiterate, so it was critical to give people the option to provide information via voice call in addition to texting, SMS, and other options that require literacy/digital literacy.

SOLUTION IMPLEMENTATION

The government worked with IBM and Airtel to address an information gap during epidemics. Airtel set up a **toll-free number that patients could text or call to report outbreaks and communicate their experiences** on the ground (including requests for supplies, ambulances, burial services, and to report power outages, etc.). IBM Cloud mapped the anonymized data to track population movement and **identify potential outbreak areas** for the government. The work also benefitted from the partnership of radio stations—broadcasting was a critical form of outreach to build participation in the SMS and phone lines. Questions from the SMS and phone channels were developed into public service announcements as part of a **radio engagement model to disseminate information**.



IMMUNIZATION GAP:

Monitoring and Surveillance and Demand Generation for Ebola Response



KEY ACTORS:

Funders

- IBM
- Government of Sierra Leone

Implementors

- IBM
- Airtel
- Government of Sierra Leone
- Radio Stations



LOCATION:

Various Districts, Sierra Leone



RESULTS:

Identified outbreaks in several regions and enabled faster and better allocation of resources, such as medical supplies, health equipment, and personnel, by international aid organizations (e.g., USAID, Medecins Sans Frontieres, etc.)



PARTNERSHIP INSIGHTS:

Defined and Unique Strengths and Roles for Each Partner (Government— Helped coordinate international aid and relief efforts; Airtel—managed SMS and voice call hotlines; IBM—provided data science and predictive analytics for Ebola tracking; Radio stations—generated demand through existing channels)

Sources: <https://www-03.ibm.com/press/us/en/pressrelease/45214.wss>, <https://money.cnn.com/2014/10/27/news/companies/ibm-ebola-data/>, <https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html#:~:text=The%20impact%20this%20epidemic%20had,outside%20of%20these%20three%20countries.>, <https://www.digitalspy.com/tech/a606046/ibm-deploys-technology-for-tracking-ebola-in-sierra-leone/>



Case Study: Project Last Mile (PLM)

Private sector-government partnership to improve access to medicines in the last mile in Africa

KEY PROBLEM

In Africa, **nearly 50 percent of people lack access to critical medicines**. Despite investments in infrastructure by governments and donors, offering consistent and timely supplies of medicines to people in the **last mile** is still a challenge. Without a strong supply chain to deliver life-saving medicines, people in Africa experience **avoidable loss of life from treatable diseases** like HIV and AIDS, TB, and malaria or other vaccine-preventable diseases.



APPROACH

“If you can find a Coca-Cola product almost anywhere in Africa, why not life-saving medicines?” Looking to combat the lack of data and insufficient supply chain infrastructure causing stockouts or expired medicines, African governments needed improvements to last mile delivery to ensure that products are delivered systematically where people can reach them. Requested by The Global Fund and Gates Foundation to help provide expertise to strengthen health systems, Coca-Cola initiated Project Last Mile to identify and adapt best practices in process, systems, and tools from the Coca-Cola system and share that expertise with governments/MoHs to improve access to medicines.

SOLUTION IMPLEMENTATION

PLM leverages and transfers **Coca-Cola’s core business capabilities to strengthen public health systems and health departments**. By identifying and adapting best practices in process, systems, and tools from the Coca-Cola system, PLM works with governments to provide supply chain/logistics expertise, share strategic marketing skills, advise on general business practices, and improve planning, distribution, and performance management processes for public health in Africa. This has led to more efficient medicine deliveries, better-stocked health facilities, and improved availability of life-saving medicines.



IMMUNIZATION GAP:

Vaccines and Medicine Supplies, Cold Chain, Logistics, Service Delivery for Various Health Areas (e.g., routine immunization, HIV and AIDS, Ebola, etc.)



KEY ACTORS:

Funders

- Coca-Cola
- USAID
- PEPFAR
- The Global Fund
- The Gates Foundation

Implementors

- Coca-Cola
- African Governments/MoHs
- Accenture
- Global Environment & Technology Foundation
- Yale Global Health Leadership Initiative



LOCATION:

Various districts across countries in sub-Saharan Africa: Sierra Leone, Ghana, eSwatini, Liberia, Mozambique, Nigeria, Tanzania, South Africa, Uganda, Lesotho



RESULTS:

PLM has increased availability of medicines in medical clinics by 20-30 percent. Since 2010, PLM has delivered 18 programs across 10 countries, with expansion plans in the coming years



PARTNERSHIP INSIGHTS:

- **Long-Term Viability:** Coca-Cola and funding partners work to transfer knowledge and build capacity of local MoH partners and connect into existing networks to ensure sustainability of work beyond Coca-Cola involvement
- **Robust Governance Structure:** A multi-tiered governance model supports unique needs at all levels of the program including a Steering Committee, Working Committee, Project Management Office, Delivery Teams, and Monitoring & Evaluation Group



Case Study: Partnering for Immunization in a Conflict Zone

Engaging women's associations and the military to support rapid immunization in Cameroon

KEY PROBLEM

Due to expansion of Boko Haram (an Islamic Purist group), Kolofata, Cameroon, experienced a **mass migration away from the region and closure of several health centers**—only one of eight remaining provided immunization, severely limiting health system capacity. Due to the threat of domestic terror, children were not able to participate in routine immunization, leaving more than **50 percent of children unvaccinated**.



APPROACH

Despite immunization disruptions, mothers began mobilizing within the district to ensure their children could still be vaccinated. A main barrier to immunization was that children **could not travel** long distances to health centers to receive vaccines, as they were in a **conflict zone**, facing violence and domestic terrorism. Children needed to be vaccinated in their own district in a **quick and safe manner**. In addition, **Islamic and cultural norms** prevented concerned mothers from seeking one-on-one aid, creating cultural challenges around engaging with women (who were primary designated caretakers for the children). To build awareness and reach children, the team needed a culturally sensitive and convenient way to vaccinate children.

SOLUTION IMPLEMENTATION

A rapid immunization program mobilized local mothers and the military to convene large groups of unvaccinated children in temporary safe locations under military protection where health workers delivered routine immunization as quickly as possible. To generate demand for these services, the program engaged local mothers through women's associations (including women-run civil society organizations) that could **organize the community** and identify at-risk youth. Associations were provided with culturally competent **training and tools** in local languages **and received a modest monthly incentive** provided by funders for their contributions. Organizational intermediaries allowed the team **to communicate** with caregivers despite cultural norms that typically made it challenging to engage directly with local women.



IMMUNIZATION GAP:

Service Delivery and Demand Generation for Routine Immunization



KEY ACTORS:

Funders

- UNICEF
- WHO
- Local NGOs

Implementors

- The Gates Foundation
- Local military
- Local health workers
- Women's associations and civil society organizations



LOCATION:

Kolofata District, Cameroon



RESULTS:

Full immunization coverage for children under 12 months rose by 20 percent after implementation of 'hit and run' immunization program and engagement of women's associations and military



PARTNERSHIP INSIGHTS:

- **Community Engagement:** Various groups were strategically utilized based on strengths (mothers and women's associations—identifying children and peer-to-peer awareness building, Military—providing protection, etc.)
- **User-Centered Service Delivery:** The solution put forth by partners was hyper-localized to fit community needs and constraints. Partners operated within the boundaries of a conflict zone (e.g., rapid, minimal infrastructure) and identified workarounds to ensure that service delivery was culturally sensitive.

Sources: <https://brightspots.boostcommunity.org/community-resilience-in-a-conflict-zone>



Case Study: Electronic Vaccine Intelligence Network (eVIN)

Partnership to digitize supply chain and empower workers to deliver vaccines in India

KEY PROBLEM

Given India’s scale, there were immense **logistical and information system constraints** around immunization. With **no real-time visibility** of supply or storage temperature, even though adequate amounts of vaccines were distributed by the federal government to states, there was often **wastage in the lower levels of distribution**, causing frequent stockouts and forcing health workers to turn away women and children.

APPROACH

The Indian Government needed a way to improve the vaccine supply chain to allow for real-time visibility into stock supplies and storage temperature of the vaccines in the health centers. There was a need to track stock after it left the oversight of the central level to allow for **self-correction at the lower levels and lateral collaboration** between state level administrators. The government also needed to **upskill individuals and “last mile” workers** in technology and the management of the vaccine cold chain process to reduce vaccine stockouts and improve stock availability, since most wastage was at the local level.

SOLUTION IMPLEMENTATION

The Indian Government, UNDP, Gavi, and Logistimo launched eVIN, Electronic Vaccine Intelligence Network, **an integrated electronic vaccine supply chain and management system** that digitizes vaccine stock data to remove barriers in the vaccine value chain. eVIN allowed information sharing across district levels, enabling health centers to load balance stocks without bottlenecks. Other features included temperature logging and alerts. Alongside the eVIN technology launch, **training was also seen as a crucial component** to the program’s success. Most of the cold chain handlers were not traditional immunization providers, but rather **nurses and midwives**. Since 60 percent had basic education and most had never held a smart phone before, an elaborate, four-day course with enforced 100 percent attendance to upskill last mile handlers was created. After training, emphasis was also placed on continued mentorship and close monitoring at the district level by project officers, public health experts, and vaccine/cold chain managers to provide support.



IMMUNIZATION GAP:

Training, Vaccines Supplies, Cold Chain and Logistics for Routine Immunization



KEY ACTORS:

Funders

- Indian national and state governments
- UNDP
- GAVI

Implementors

- Indian national and state governments
- Logistimo (India-based supply chain software experts)
- UNDP



LOCATION:

Various states, India



RESULTS:

Designed and developed for 36 states/territories, 250,000 auxiliary nurses-midwives upskilled, 80 percent reduction in instances of vaccine stockouts



PARTNERSHIP INSIGHTS:

- **Strong Government Buy-In:** Government support was key—having the system anchored by a centralized government program ensured smooth rollout to states. The MoH making state introductions to the system greatly facilitated initial buy-in. Government was engaged at the national, state, and regional levels with robust monthly checkpoints down to the last mile.
- **Training and Shared Beliefs:** In a federal country with many different actors, it was critical to have a common understanding of success to build shared ownership. Government advocacy, peer-to-peer transfer of interest among states, and training at the field level enabled the system to scale organically.

Sources: <https://pubmed.ncbi.nlm.nih.gov/33151951/>
<https://brightspots.boostcommunity.org/digitized-supply-chain-delivers-vaccines-to-the-last-mile>
<https://www.in.undp.org/content/india/en/home/projects/gavi1.html>



Case Study: Zipline National Drone Delivery Service

Public-private partnership using drones to deliver vaccines in Ghana

KEY PROBLEM

Ghana’s EPI provides vaccine coverage across the country. However, “last mile” vaccine delivery in rural and hard-to-reach places is difficult, especially for vaccines requiring cold chain storage or rapid delivery. In addition, underdeveloped and poorly maintained road infrastructure in certain regions makes it difficult for land vehicles to deliver supplies. The Ghana EPI needed to **strengthen its national healthcare supply chain** to prevent frequent vaccine stockouts in facilities and strengthen its routine immunization program.



APPROACH

The Government of Ghana had already partnered with private company Zipline to deliver emergency medical components—Zipline’s fleet of drones (called “Zips”) are able to carry a 4-pound load across a 50-mile radius, flying at 60mph even in wind and rain. The Government sought to expand this original mandate with Zipline and partner with the EPI to **use drone delivery as a means of distributing vaccines** to a number of facilities that have challenges with cold storage and/or are hard-to-reach. This would allow health workers to provide real-time updates on vaccine stock for rapid replenishment and delivery.



SOLUTION IMPLEMENTATION

Drones take off and land at Zipline’s regional distribution center and make deliveries by descending close to the ground and air dropping vaccines or medicines to a designated spot called a “mailbox” near the health centers they serve. **The drone network is integrated into the national healthcare supply chain in Ghana** and helps prevent vaccine stockouts in health facilities and during national immunization campaigns. Logistics are managed through Zipline’s hardware and software system at each distribution center. The zips drop their payloads via parachute, instead of landing, to minimize the number of people what need to be trained on how to interact with a drone. Vaccine deliveries can be easily scheduled for health facilities for specific dates and times. The drones operate 24 hours a day, 7 days a week from 4 distribution centers, each equipped with 30 drones.



IMMUNIZATION GAP:

Cold Chain and Logistics for Routine Immunization and Various Vaccines



KEY ACTORS:

Funders

- United Parcel Service
- Government of Ghana

Implementors

- Zipline
- UPS
- GAVI
- Government of Ghana Expanded Program on Immunization (EPI)



LOCATION:

Various regions and districts, Ghana



RESULTS:

Zips are used to deliver 148 different vaccines, blood products, and medications in Ghana to over 2,000 health facilities, serving 12 million people. In February 2021, Zipline delivered its millionth vaccine dose in Ghana.



PARTNERSHIP INSIGHTS:

- **Defined and Unique Strengths and Roles for Each Partner:** Zipline leveraged UPS’s logistical expertise to enable the drone’s vital on-demand capabilities, which is key to cold-chain delivery. Gavi brought international expertise to successfully integrate this technology into communities, with the government managing the partnership and providing oversight.

Sources: <https://www.dvvelocity.com/articles/30666-zipline-expands-flying-medical-drone-program-to-ghana>
<https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Zipline-delivers-over-1-million-vaccine-doses-to-hard-to-reach-areas-of-Ghana-1171270>
<https://www.cnbc.com/2019/04/24/with-ghana-expansion-ziplines-medical-drones-now-reach-22m-people.html>
<https://borgenproject.org/tag/ghanas-expanded-program-on-immunization-epi/>



Case Study: CORE Group Polio Project (CGPP)

Partnering with community-based organizations and governments to strengthen polio immunization across India

KEY PROBLEM

Around the world, hotspots of **polio transmission** had developed where a critical mass of children remained consistently and insufficiently immunized, requiring intensive effort to immunize every child in these hotspots, often in hard-to-reach places. In India, eradication efforts had been largely top-down vertical efforts of MoH/supervisory partners, who had lost the trust of populations. There was a **need for community-level engagement** to reach all children and re-establish trust around vaccinations.



APPROACH

The CGPP sought to eradicate polio through four pillars: 1) strengthening routine immunization and expansion of immunization coverage, 2) offering supplemental immunization, 3) surveillance for acute flaccid paralysis, and 4) door-to-door immunization response campaigns. CGPP leveraged several levels of partnership to do this: 1) **civil society partnerships** in which international and national **NGOs advocated for country perspectives**, 2) **implementing partnerships**, overseen by national and local NGOs with deep community connections, 3) neutral in-country secretariats, who partnered to provide **technical assistance**, 4) virtual-based global secretariats, who **managed the work of all partners** and oversaw funding.

SOLUTION IMPLEMENTATION

The CGPP played a critical role in bridging the gap and trust between traditional organizations in the global health space with local NGOs. CBPP worked with UNICEF to create the Social Mobilization Network (SMN) to coordinate among frontline workers and provide concentrated support for areas at high-risk of polio infection. CBPP and partners worked together to have **clearly defined roles and consistent outreach to populations to make the SMN outreach efforts effective. The standardization of SMN staff, in addition to key community support through local NGOs**, ensured the collection of quality data and trust in the efficacy of the program. Multilateral and large NGOs worked closely together with local organization to clarify doubts and build trusting relationships.



IMMUNIZATION GAP:

Community Engagement for Polio Immunization



KEY ACTORS:

Funders

- USAID
- WHO
- UNICEF
- CDC

Implementors

- CORE Group
- Rotary
- Gates Foundation
- Gavi

- Various NGOs (e.g., Jan Kalyan Samiti, ADRA India, Catholic Relief Services, etc.)



LOCATION:

Case study focus is various states in India, but CGPP programs also exist in Ethiopia, South Sudan, Nigeria, Kenya, Somalia, Angola, Bangladesh, and Nepal



RESULTS:

India was certified polio-free in 2014. CGPP India programs have expanded to address low immunization coverage for routine immunization and are ongoing.



PARTNERSHIP INSIGHTS:

- **Establishing Trust:** CGPP had worked in India since 1999, earning the trust of local organizations to manage and guide varying partnerships at different levels. Multilateral and large NGOs working together with local organizations had to build trust to establish good working relationships. Challenges, such as coordinating multiple partners for field implementation, were discussed through partner meetings at various levels to address operational issues.
- **Recognize Program Lifecycles:** Partnership used real-time data from monitoring and evaluation to guide strategic decision-making throughout. In addition, standard materials to orient new employees of different organizations to the partnership were developed to ensure successful transfer of knowledge and continuation of the partnership beyond a single person/group.



Case Study: Bottom-Up Microplanning for Immunization Resources

Raising local champions and non-health actors to fill resource gaps in Sodo Zuria Woreda District, Ethiopia

KEY PROBLEM

Shela Borkoshe Health Center was a primary care facility in Sodo Zuria Woreda District. Their routine immunization plan **only considered pre-set targets** based on previous year's performance and **outdated census data** from 15 years prior. It was a purely "top-down" process adhering to Woreda's core plan, exclusively led by the facility health staff with **no input from local leaders and no consideration of actual facility priorities**.



APPROACH

A primary issue for healthcare workers was the poor, outdated census data that left many children unaccounted for. Workers needed to find a way to receive accurate, **up-to-date data** every year from **people who knew the population** so they could increase outreach in hard-to-reach areas. Local leaders and non-health authorities had been uninvolved in the process, so they also needed a novel **engagement strategy**. Shela Borkoshe needed to rally its partners and keep them actively engaged and interested through the Reaching Every District Using Quality Improvement (RED-QI) initiative and beyond. A robust set of tools was leveraged to support this approach including Root Cause Analysis, Fishbone Analysis, Pareto Analysis, Participatory Mapping, PDSA cycles, and various other QI tools.

SOLUTION IMPLEMENTATION

The team instituted a bottom-up approach, **utilizing local leaders as access points to their communities**. Microplanning allowed them to create local solutions to problems by getting **verifiable name-based data** about the population, which enabled them to increase outreach to children who were previously missed. They also **integrated partners into the RED-QI process**, which helped increase engagement at the district level. This, along with increased funding from both local communities and the Health Center Governing Board of Shela Borkoshe, helped expand the reach of routine immunization.



IMMUNIZATION GAP:

Management and Community Engagement for Routine Immunization



KEY ACTORS:

Funders

- Health Governing Board of Shela Borkoshe
- Local communities

Implementors

- JSI
- Shela Borkoshe Health Center
- Village and community leaders



LOCATION:

Sodo Zuria Woreda District, Ethiopia



RESULTS:

42 percent increase in the number of villages reached with routine immunization services, 7 new outreach sites added, 396 outreach sessions added across Sodo Zuria Woreda in 2018 (276 in hard-to-reach areas).



PARTNERSHIP INSIGHTS:

- **Early Stakeholder Involvement:** Relevant stakeholders (e.g., education leaders or local government) were informally involved early on in the process and on a regular basis to establish trust and build joint ownership.
- **Frequent Touchpoints:** Partners met on at least a monthly basis to track progress, increase transparency, and maintain trust and coordination across workstreams. Building regular touchpoints into the relationship has ensured continuity of the program among all stakeholders beyond the first year.
- **Community Engagement:** Bottom-up microplanning increased outreach, with local leaders acting as important partners able to effectively engage with communities due to their existing reputation and relationships.

Case Study: School-Based HPV Vaccination

Partnering with public and Catholic Schools to reach adolescent girls for HPV immunization in Madagascar

KEY PROBLEM

Madagascar was rolling out its pilot of the HPV vaccine and needed to ensure that all three doses were administered to as many people as possible in the target population. However, **resource constraints** hampered this effort, as well as **pushback from religious organizations** based on rumors that the vaccine was actually a contraceptive.



APPROACH

At a national level, an HPV pilot committee was organized with the MoHFW leading planning. To ensure continuity and ownership, HPV committees were also formed at the district level. Unlike the majority of infant programs in the Madagascar routine immunization system, the target population for HPV vaccine was adolescent girls. For success, it was imperative that the vaccination effort **met target beneficiaries, young girls, where they were**—in this case, schools. To operationalize a school-based strategy across both public and Catholic schools, it was important to educate enabling stakeholders—such as religious leaders for private, Catholic schools; district leaders for public schools; and influencers such as parents of adolescent girls—to garner community support.

SOLUTION IMPLEMENTATION

Vaccines were scheduled **at schools** and timed to have all three doses within one school year to minimize drop-off between rounds. Vaccine information was **integrated into pre-existing health curricula** and school physicals. Committees also worked with parent associations directly to **sensitize families** on the importance of the vaccine, which led to parents supporting vaccination even outside of school. School administrations identified girls in the target population based on school enrollment figures and registers. In year two, the team **engaged Catholic leaders early on** around vaccination, resulting in increased success.



IMMUNIZATION GAP:

Service Delivery and Communications and Advocacy for HPV Vaccine



KEY ACTORS:

Funders

- WHO
- UNFPA
- GAVI

Implementors

- Ministries of Health and Family Welfare and de l'Education Nationale
- Schools
- Community leaders



LOCATION:

Toamasina I and Soaviandriana Districts, Madagascar



RESULTS:

Prior to implementation, neither district met Gavi's required coverage target of 50 percent or higher. Post-implementation, the program achieved 61 percent coverage of all 3 doses in Toamasina and 69 percent coverage of all 3 doses in Soavinandriana.



PARTNERSHIP INSIGHTS:

- **Understand Influencers of Target Population:** In year one, the program faced resistance from the church due to vaccine misunderstanding and the failure of the committee to build trust with this important stakeholder early on. This was rectified in year two, when church leadership was properly informed and engaged early on in the planning and implementation process.
- **Ensuring MoH Support and Funding:** It was important to bring the MoHFW in early to ensure top-down support and advocacy in public schools and also ensure that appropriate funding and incentives were available for school stakeholders. In year one, some financial incentives were provided for educators; however, in year two, educators were expected to volunteer with no incentives, which was met with pushback.



Case Study: Engaging Village Leaders for Name Tracking

Partnering with traditional leaders to generate demand and improve reach for pentavalent immunization in Nigeria

KEY PROBLEM

Immunization advocates in Yobe had been building a robust pipeline of vaccine supplies and strengthening their supply chain; however, pentavalent vaccine uptake in the state remained stagnant. This was due in large part to two problems: 1) a “demand” issue because of **mistrust at the community level** undermining uptake, and 2) a management issue for health workers using **outdated and incomplete data** on children to be treated.

APPROACH

With funding from YSPHCMB and uniquely from local philanthropic organizations to distribute vaccine stock, health workers first needed an **accurate roster** of children in local communities. They also needed **vaccine advocates** with higher standing in the villages to navigate complex cultural dynamics so that they could work to **increase uptake and decrease mistrust** or confusion about the vaccines. Ideally, they wanted to create a solution that could effectively address both issues.

SOLUTION IMPLEMENTATION

Working with traditional settlement heads *mai unguwas* who acted as **keepers of oral rosters of births/deaths**, teams gathered information about newborns and children. Teams worked with local religious leaders and village and district leadership, encouraging them to act as health champions and **rewarding high-performing village leaders** in recognition ceremonies. They also engaged resources such as birth attendants, barbers, and market women to help **engage with families** about the value of immunization. Settlement heads became **custodians of their community registration ledgers and responsible for maintaining the line listing of each child**, which became the baseline document used for health facility immunization registers and the tool to track and identify all newborns and babies that had never been registered, as well as those who had defaulted.



IMMUNIZATION GAP:

Demand Generation and Immunization Management for Pentavalent Vaccine



KEY ACTORS:

Funders

- Yobe State Primary Health Care Management Board (YSPHCMB)
- Local philanthropic organizations

Implementors

- YSPHCMB
- Solina Center for International Development and Research (SCIDaR)
- Settlement and village leaders



LOCATION:

Yobe State, Nigeria but also expanded to 6 other states in Northern Nigeria



RESULTS:

From 7 percent of children with Penta3 coverage in 2016, to 51 percent in 2019 after engagement of settlement leaders



PARTNERSHIP INSIGHTS:

- **Buy-In at All Levels:** The approach required buy-in of all members of the traditional structure across the hierarchy from sultans (region rulers), emirs (state rulers), district heads, village heads, and the settlement heads. The approach was not met with enthusiasm at every level, so having secure and relevant buy-in from the sultans helped ensure compliance and entrenchment.
- **Community-Tailored Incentives:** Incentives for engagement should be catered to the specific community involved. The program faced challenges due to the legacy of the polio vaccination program, known for providing monetary incentives. Without the funding to provide similar incentives, teams incentivized leaders by providing recognition and through award ceremonies attended by respected individuals such as emirs and village heads.



SECTION 4

COMPLEMENTARY RESOURCES

KEY INSIGHTS FOR ENGAGING SPECIFIC NON-TRADITIONAL PARTNERS

Engaging Private Sector in COVID-19
Vaccination

Engaging Professional Associations and
Networks in Routine Immunization

Engaging Non-Health Government Actors in
Routine Immunization

Engaging Non-Traditional Civil Society
Organizations in Life Course Vaccination

PARTNERSHIPS TOOLKIT



1. Engaging the Private Sector for COVID-19 Vaccination

The primary challenges and private sector responses to COVID-19 vaccine acceptance and uptake.

Challenges



SUPPLY CHAIN - Obtaining the proper equipment, storage capacity, and understanding of varied vaccine requirements to transport vaccines to vaccination sites.



HEALTH WORKER CAPACITY - Addressing health worker retention, performance, training, and burnout with incentives, timely payment, and additional education.



VACCINE ACCESS - Securing reliable and cost-effective transportation to and from vaccination sites and obtaining access to convenient vaccination sites.



VACCINE INFORMATION - Combating misinformation by providing the public with accurate information about vaccine safety, efficacy, and side effects.



VACCINE DEMAND - Using incentives and other motivators to encourage individuals to receive the vaccine.



FUNDING - Providing financial support and other resources to launch and sustain vaccination initiatives.



Potential Private Sector Responses



FINANCIAL INCENTIVES - Direct cash payouts to individuals who receive the COVID-19 vaccine.



FUNDING - Subsidizing operations directly related to COVID-19 vaccine rollout.



NON-FINANCIAL INCENTIVES - Non-monetary gifts and experiences offered to individuals who receive the vaccine.



PRODUCT/SERVICE DONATIONS - Non-monetary help, assistance, and support to individuals who receive the vaccine.



TECHNICAL EXPERTISE - Sharing or transferring specialized knowledge, skills, capabilities, and infrastructure related to vaccine rollout.



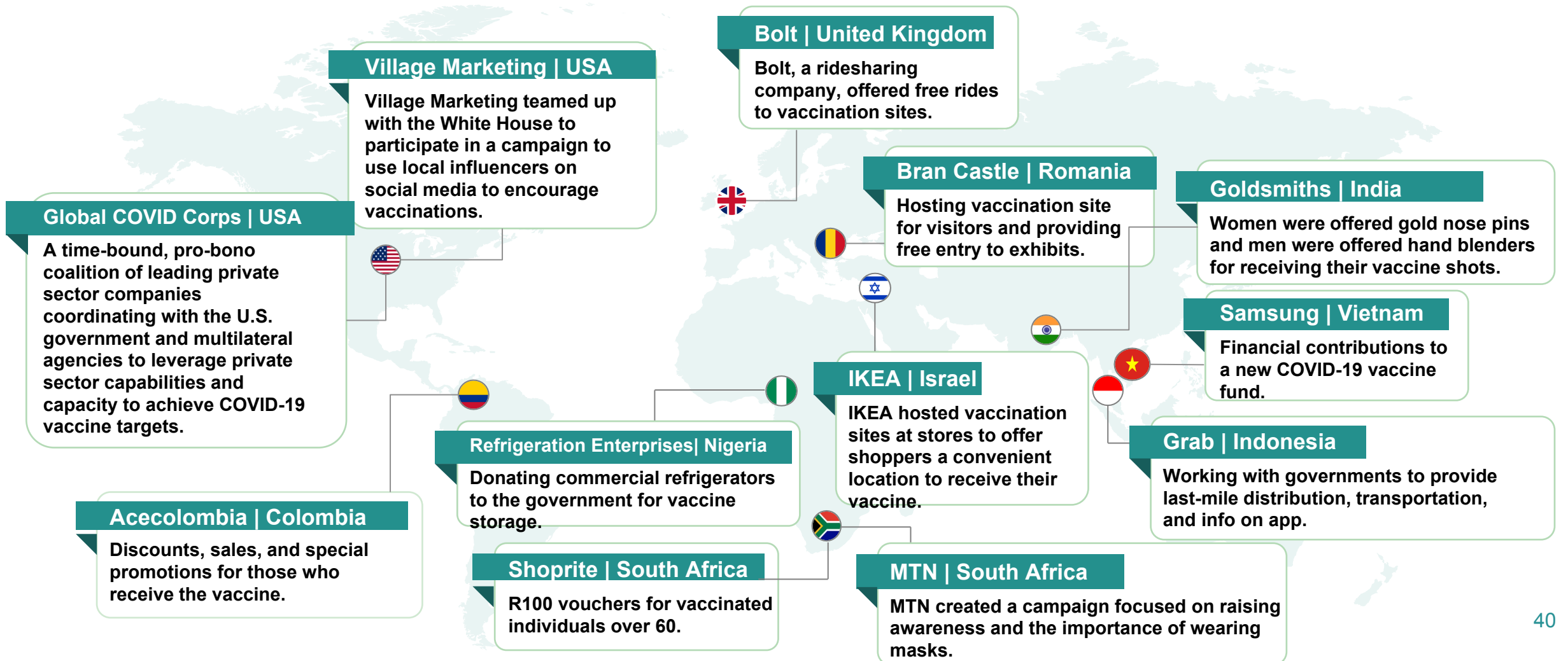
COMMUNICATIONS - Marketing, advertising, and advocacy efforts to encourage individuals to receive the vaccine or to change perceptions of the vaccine.



NEGATIVE INCENTIVES - Disincentives for individuals who have not yet received the vaccine.

Engaging the Private Sector for COVID-19 Vaccination

Globally, private sector actors have engaged directly and partnered with governments to address obstacles to COVID-19 vaccination and drive uptake.



Engaging the Private Sector for COVID-19 Vaccination

WHAT FACTORS SHOULD BE CONSIDERED WHEN CREATING PRIVATE SECTOR INTERVENTIONS?

Considerations for the Private Sector

- **Align with government:** Confirm that interventions are aligned with the Ministry of Health's COVID-19 strategies and priorities.
- **Establish relationships:** Connect with national and subnational offices and ensure that requests to them are targeted and actionable.
- **Understand government drivers:** Recognize motivators and consider how engagement could elevate, not overshadow, public sector.



Considerations for the Government




- **Engage early and strategically:** Engage the private sector early on by involving them in working groups and coordinating bodies, and consider a wide variety of stakeholders.
- **Consider private sector comparative advantages:** Identify areas where the private sector is well positioned, such as low-cost vaccine storage or transport, communications, and behavioral science.
- **Identify private sector motivations:** Understand why the private sector wants to support efforts.
- **Link with the right messengers:** Involve appropriate community and industry leaders, and equip them with the resources needed to be effective advocates.

Considerations for Both

- **Create with the community:** To ensure trust in and adoption of the intervention, design interventions with the target community.
- **Launch concurrent activities:** Deploying multiple interventions concurrently can have a greater impact than one intervention on its own.
- **Adjust interventions:** Monitor and adjust interventions to ensure that they address the most pressing challenges and are still effective.
- **Align and include data strategy & activities:** Discuss and develop mechanisms for collecting, sharing, and learning from relevant data, including key performance indicators.
- **Discuss financial needs and resources openly:** Know how to identify and use appropriate resources: the private sector often has resources through philanthropic arms, and depending on nature of activities, through traditional business units.
- **Consider long-term application:** Interventions and relationships could be relevant beyond COVID-19, particularly for routine immunization. By tracking metrics, synthesizing and sharing learnings, and establishing partnerships across sectors, both the private sector and the government will be better equipped.

2. Engaging with Professional Associations and Networks in Routine Immunization

Ecosystem of Associations and Networks

Type of Association or Network	Description
 <p>Global</p>	<p>Global professional associations and networks are largely structured as federations of national associations around the world. They hold relationships with global health leaders (e.g. WHO, GAVI), and focus on advocacy, capacity building, knowledge sharing, and program implementation.</p>
 <p>Regional</p>	<p>Regional professional associations and networks can contribute to research, advocacy, and knowledge sharing for the advancement of healthcare in Africa. Many regional professional associations in Africa have historically lacked strong structure and member engagement.</p>
 <p>National</p>	<p>National professional associations and networks bring together similar community members. Some collect dues, while others do not, and thus, their scope and strength can vary significantly. Many focus on education and training, communications, and advocacy at the national-level.</p>

Examples



Engaging with Professional Associations and Networks in Routine Immunization

Unique Roles & Contributions and Immunization

01 POLICY & ADVOCACY

Professional associations and networks aim to **elevate the voices of their members and advocate for policy that support their unique needs**. Global associations are strong in advocacy, though regional and national organizations sometimes lack the connections they need to access policymakers.

04 DEMAND GENERATION

Professional associations and networks can help **generate demand for vaccines among their members** and among the **communities** that their members reach. Through relationships these organizations hold with **community leaders**, they can add value to demand generation activities and programs.



02 EDUCATION & TRAINING

One of the primary objectives of professional associations and networks is to **share knowledge and support professional development** for their members. These organizations can share credible resources and support training for their members in the immunization space.

03 COMMUNITY SENSITIZATION

Professional associations and networks reach professionals working at the frontlines of healthcare, journalism, etc. They can help build the confidence of health workers, so they in turn can sensitize community members. Thus, they can play a **unique role in supporting vaccine sensitization efforts through their members**.

Engaging with Professional Associations and Networks in Routine Immunization

Illustrative Partnership Examples

Professional associations and networks may partner with NIPs in several different ways that are mutually beneficial to each stakeholder and create broader impact for immunization.

01 POLICY & ADVOCACY

An Association of Physicians may partner with NIPs to set up a permanent framework for consultation on National Immunization Planning. The association can offer zonal-level insights into the capacity of physicians, and ensure adequate resources are allocated.

04 DEMAND GENERATION

A Religious Association may partner with NIPs to use parishes and churches as a channel to encourage church attendees to get vaccinated against COVID-19. Church leaders may disseminate pro-vaccination messages during religious gatherings and at church-related functions.



02 EDUCATION & TRAINING

An Association of Nurses may partner with NIPs to receive training on how to communicate about the new vaccines and properly administer doses. In turn, trained nurses could also serve as trainers, ensuring safe and effective delivery of vaccines added to the immunization schedule.

03 COMMUNITY SENSITIZATION

An Association of Journalists may partner with NIPs to help educate target populations on combatting COVID-19 misinformation, why they should receive the COVID-19 vaccine, and where they should go to receive it through organizing multi-media broadcasts and writing articles.

3. Engaging Non-health Government Actors in Routine Immunization

Immunization activities fall within the broad context of the public sector, which is controlled and influenced by factors beyond the confines of the health sector. Thus, to effectively deliver immunization services, it's essential to engage non-health government actors at the subnational level. Theoretically, their engagement and empowerment could improve immunization services and promote sustained ownership of routine immunization (RI) programs. In practice, however, their roles are often overlooked and not leveraged.



The Potential Role (in theory)

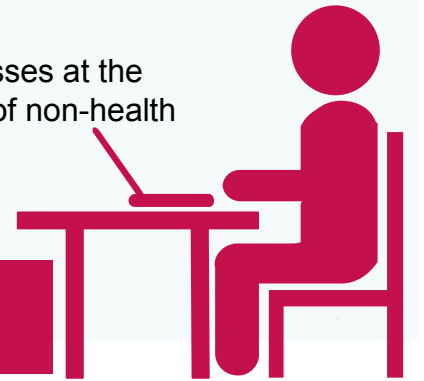
Engaging and empowering non-health government actors at the subnational level has the potential to address persistent implementation challenges in RI because:

- Non-health government actors set priorities for the local development program, which could align with RI goals.
- Non-health government actors mobilize and control the allocation of resources, which could be crucial to cover local operational costs for RI.
- Non-health government actors influence infrastructure development and might control local infrastructure, which could facilitate RI service delivery.
- Non-health government actors can provide access to key populations for immunization and influence community opinions on health services, which could positively impact RI uptake.

Immunization efforts have typically not involved non-health government actors at the subnational level because:

- Health programs, including immunization, have traditionally focused on enhancing the technical skills of health managers and service providers.
- There might not be awareness among health actors of the valuable contributions that non-health government actors can provide to RI. As a result, non-health government actors may not be acknowledged by health actors as important stakeholders in RI.
- Non-health government actors may lack awareness of the roles they can play in supporting RI.
- There could be inadequate systems and processes at the subnational level for fostering the participation of non-health government actors in RI.

The Challenge (the reality)



Engaging Non-Health Government Actors in Routine Immunization

Who are the non-health government actors and what role could they play in RI?



Local Admin Actors

Government administrators, council members, and other local officials responsible for providing programs, services, and governance to the people within their jurisdictions.

Potential role in RI

- Lead sectoral coordination for RI activities.
- Incorporate RI funding into plans.
- Mobilize community support for RI.



Finance Actors

Part of local government finance units responsible for the budgeting, allocation, and management of funds across various sectors, including health.

Potential role in RI

- Oversee local RI funds.
- Align funds with RI needs.
- Identify extra funding for RI.
- Support resource mobilization from non-health sectors.



Education Actors

Local officials who manage educational resources, implement educational policies, and oversee the functioning of educational institutions within their jurisdictions.

Potential role in RI

- Create RI awareness in schools.
- Assist school-based vaccination logistics.
- Support community vaccination drives.
- Connect schools with health departments.



Information Actors

Usually, part of local government's department of information or communication responsible for managing and disseminating public information, engaging in media relations, and coordinating cross-sectoral information flow.

Potential role in RI

- Mobilize community for immunization.
- Handle vaccine misinformation.
- Coordinate cross-sector meetings.
- Manage inter-sectoral information sharing.

What are the motivating factors for health and non-health government actors that could encourage collaborative efforts?

Health

- Aligning health and non-health policies.
- Optimizing resource allocation and utilization.
- Enhancing community outreach and acceptance.
- Leveraging existing infrastructure for RI purposes.

Non-health

- Enhancing their health-related skills and knowledge.
- Building stronger community relationships.
- Having a say in health policy decisions.
- Influencing how resources are used.
- Contributing to better community health.

Engaging Non-Health Government Actors in Routine Immunization

Successful collaborations in supporting RI rely on strategic considerations across health and non-health actors. This section outlines the essential elements for developing working opportunities to collectively strengthen RI efforts at the subnational level for health actors.

Considerations for Health Actors

- **Foster enhanced RI communication skills:** Build the capacity of health actors to effectively communicate about RI's importance and the ways in which non-health government actors could contribute to RI.
- **Strategic timely involvement:** Health actors must involve non-health government actors strategically and in a timely manner in logistics planning, communication, and demand generation strategies to establish trust and joint ownership.
- **Efficient Coordination and Inclusion:** Establish or strengthen task forces and intersectoral committees, such as TWGs, to improve data sharing, planning, and resource mobilization among sectors. Prevent non-health government actors from being left out or seen as outsiders in RI decision-making, by scheduling regular check-ins and involving them in existing local government immunization activities where their participation is lacking.
- **Continued engagement:** To obtain support for RI operational costs from non-health government actors, continued engagement over time is required. Build collaborations between local health actors who offer technical expertise but have limited influence and more influential non-health actors, such as local government officials.
- **Recognition:** Actively acknowledge the contributions made by non-health government actors to the success of RI outcomes.

Considerations for Non-health Actors

- **Interdependence:** Recognize and understand how supporting RI aligns with the sector's own mandates and activities, and how this collaboration can lead to mutual benefits.
- **Sector engagement:** Identify and engage actors within their respective sectors to champion and support collaboration with health departments, thereby strengthening RI.
- **Resource availability:** Assess the sector's capacity to support RI efforts by identifying resources, expertise, and potential barriers, and consider leveraging existing resources for maximum impact.

Considerations for Both

- **Political support and incentives:** It is essential to have sustained political support, collaboration incentives, and cross-sectoral supervision with the flexibility to allocate resources where needed.
- **Role and resource assessment:** Define clear roles and responsibilities across sectors, assess resource requirements, and determine cost distribution for accountability.
- **Available communication channels:** Reliable platforms for regular communication and data sharing are essential to improve coordination and collaboration across all sectors involved in RI efforts.
- **Sustainability planning:** Consider how the collaboration can be sustained over time by planning for resource allocation and developing strategies for continual cross-sectoral engagement.

4. Engaging with Non-traditional Civil Society Organizations in Life Course Vaccination

There are many different types of civil society organizations (CSOs) that operate depending on the country. This list can help inspire collaboration with non-traditional CSOs that are not typically engaged in RI.

Community Based Organizations

Note: Non-Exhaustive List

Identity Based Community Organizations

- Women’s Council
- Elders Council
- Traditional Council with Matriarchs
- Community-based Cooperative
- Livelihood-related Group
- Local Youth Empowerment Group
- Parent-Teacher Committee
- Local Market Committee
- Local Journalists’ & Community Radio Groups

Social Community Organizations

- Sports Club
- Neighborhood Watch Group
- Women’s Religious Congregation
- Bible / Quran Study Group
- Local Folk Performing Groups
- Choirs
- Local Cultural Club
- Environmental Club

NGOs

Empowerment and Advocacy Organizations

- Tech 4 Development Organization
- Cultural & Folk Arts Promotion Group
- Trafficking Prevention Organizations
- Youth Development Organizations & Network
- Women & Child Rights & Protection Group
- LGBTQ+ Rights Group
- Educational & Leadership Development Organization
- Service Delivery Organization (Nutrition/ Social Services)
- Social Justice-oriented Group
- Land Rights Organization
- Blood Donations Group
- Patients’ Rights Group
- Childhood Cancer Organization
- Combating Female Genital Mutilation
- Organizations Supporting Cleft Conditions In Children
- Disability Focused Group
- Mental Health Organizations

Faith Based Groups

- Interfaith Organization
- Ecumenist FBO
- Religious Education Institute
- FBOs Supporting Multi-sectoral Development Work
- FBOs Supporting Health Systems With Quality Pharmaceuticals

Philanthropic

- Athlete Foundation
- Celebrity Foundation
- Family Foundation
- Social Venture Funds

Unions & Professional Associations

Labor & Workers’ Unions

- Transport Workers Union
- Agri Union
- Tea Workers Union
- Mining Workers Union
- Union Representing Workers In Various Sectors
- Confederation of Agricultural Unions
- Women Business Owner
- Informal Women Worker
- Women in Media Association
- Rural Women’s Development Associations
- Women in Agriculture Association

Health & Social Work Associations

- Social workers & Child Care Workers Association
- Child welfare Associations
- Retired Nurses Society
- Mental Health Association
- Allied Health Professional Association
- Traditional Medicine/ Natural Healers Association

Others

- Influencer Networks
- Faith based Professional Association
- Actors /Culturalist Artists Association
- Women’s Peacebuilding Networks
- Transport Association
- Market Associations
- Chambers of Commerce
- Trade Association
- Agricultural Credit Association

Engaging with Non-traditional Civil Society Organizations in Life Course Vaccination

Matrix outlining how CBOs, NGOs, and unions/professional associations can contribute to service delivery, demand generation, and community engagement in support of life course vaccination efforts.

Critical program need	Potential role of non-traditional CSOs	Non-traditional CSO Type and Subcategory							
		CBO		NGO			Union/professional association		
		Identity-based	Social	Empowerment and advocacy	Faith-based	Philanthropic	Labor & worker unions	Health and social work associations	Other
Capable health workers	Mobilize community-based support and infrastructure		✓		✓		✓	✓	
	Strengthen health worker engagement, leadership, and well-being			✓	✓			✓	
Service delivery strategies	Enhance community access	✓	✓	✓	✓		✓		✓
	Boost volunteer engagement and logistics	✓		✓			✓		
	Promote trusted health messaging	✓	✓	✓	✓			✓	✓
	Secure funding and sponsorship					✓			
	Ensure access to vaccination for people with disabilities			✓					
Demand generation and communication	Increase awareness and advocacy	✓	✓	✓		✓			✓
	Provide on-the-ground support for vaccination awareness and logistics.	✓	✓	✓	✓		✓	✓	
	Build community trust	✓		✓			✓		✓
Community engagement	Facilitate collaborative communication and feedback	✓		✓	✓			✓	
	Organize outreach and volunteer mobilization	✓	✓		✓			✓	

Engaging with Non-traditional Civil Society Organizations in Life Course Vaccination

Successful partnerships between health officials and non-traditional CSOs require understanding and collaboration on both sides. Below are several considerations for project teams to keep in mind when engaging these actors and exploring partnerships for life course vaccination.

- 1 **Shared Goals**
- 2 **Strategic Planning**
- 3 **Capacity Building & Role Clarity**
- 4 **Coordination and Accountability**

- **Health sector priorities:** Help CSOs understand key health priorities and gaps (e.g., increasing vaccine uptake, improving health worker capacity) to align their efforts with these goals.
- **Alignment with CSO mission:** Highlight to health officials how the missions of non-traditional actors can align with broader health objectives such as youth empowerment, child rights protection, worker welfare improvement.
- **Trust building:** Engage in timely joint planning to co-create strategies to leverage CSOs' trusted status in communities and overcome mistrust of formal health care.
- **Time management:** Allow time for non-traditional CSOs to engage communities and address concerns about vaccine integration, especially where distrust, hesitancy, or service barriers exist.
- **Funding:** Allocate funding to build CSOs' capacity in communication and demand generation, enhancing their ability to educate and engage communities.
- **Define roles:** Clearly define the roles of each actor (e.g., CSO in generating demand) to avoid confusion and overlapping responsibilities.
- **Communication channels:** Set up strong coordination mechanisms (e.g., regular meetings, joint monitoring systems) to maintain clear and open communication between the health sector and CSOs.
- **Shared accountability:** Develop mechanisms for joint accountability, including community-driven monitoring systems that CSOs can lead.

Partnership Toolkit

To operationalize innovative partnerships for immunization, the following key questions are important to answer. The tools outlined below are designed to help answer the key questions and can be found [here](#).

#	Key Question	Supporting Tools
1	How might partners help tackle immunization gaps that NIPs/ Expanded Program on Immunization (EPIs) are facing?	<ul style="list-style-type: none">• 1.1 Partnership Opportunity Definition and Prioritization Workshop Agenda• 1.2 Innovative Partnerships Example Catalog• 1.3 Partnership Opportunity Definition Template• 1.4 Opportunity Prioritization Matrix
2	How might NIPs / EPIs inspire partners to engage in immunization?	<ul style="list-style-type: none">• 2.1 Inspiration Cards• 2.2 Innovative Partnerships Infographic• 2.3 Persuading Partners to Engage Template• 2.4 Non-Immunization Partners Orientation Considerations
3	How might NIPs/EPIs identify and select partners?	<ul style="list-style-type: none">• 3.1 Criteria Template for Partner Mapping and Selection• 3.2 Partner Landscape Mapping Template
4	How might NIPs/EPIs define a partnership focus and design?	<ul style="list-style-type: none">• 4.1 Partnership Focus Workshop Agenda• 4.2 Partnership Focus Definition Template• 4.3 Considerations for Designing a Partnership Model
5	How might NIPs/EPIs facilitate a launch workshop and ongoing meetings and partner activities to mobilize a partnership?	<ul style="list-style-type: none">• 5.1 Launch Workshop Agenda• 5.2 Partnership Action Plan Template• 5.3 Guiding Questions to Align on a Partnership Cadence
6	How might NIPs/EPIs know if the partnership is working well, and what they can do to improve?	<ul style="list-style-type: none">• 6.1 Partnerships Reflection Questionnaire• 6.2 Retrospective Discussion Template

THANK YOU

MOMENTUM Routine Immunization Transformation and Equity is funded by the U.S. Agency for International Development (USAID) and implemented by JSI Research & Training Institute, Inc. (JSI), along with PATH, Accenture Development Partnerships, Results for Development, and CORE Group under USAID cooperative agreement #7200AA20CA00017. The contents of this presentation are the sole responsibility of JSI and do not necessarily reflect the views of USAID or the United States Government.



@USAID_MOMENTUM



@USAIDMOMENTUM



USAID MOMENTUM



USAID MOMENTUM

Inventory of Resources

- DIAL. (2018). *Financing Digital Markets*. <https://www.digitalimpactalliance.org/financing-digital-markets/>
- Gavi. (2020). *Gavi 5.0 – The Alliance’s 2021-2025 strategy*. <https://www.gavi.org/our-alliance/strategy/phase-5-2021-2025>
- Gavi. (2014). *GAVI FCE Project Process Evaluation: Partnership Study Design*. <https://www.gavi.org/our-impact/evaluation-studies/gavi-fce-project-process-evaluation>
- Gavi. (2020). *Human Papillomavirus Vaccine Support*. <https://www.gavi.org/types-support/vaccine-support/human-papillomavirus>
- IFPMA. (2019). *How Partnerships Across Sectors Can Reinvigorate the Vaccine Pipeline*. <https://www.ifpma.org/resource-centre/how-partnerships-across-sectors-can-reinvigorate-the-vaccine-pipeline/>
- IJHPM. (2017). *Evaluating Global Health Partnerships: A Case Study of a Gavi HPV Vaccine Application Process in Uganda*. https://www.ijhpm.com/article_3341.html
- JSI. (2019). *A Toolkit for Engaging Non-Health Stakeholders in Supporting Routine Immunization in Uganda*. <https://www.jsi.com/resource/a-toolkit-for-engaging-non-health-stakeholders-in-supporting-routine-immunization-in-uganda/>
- JSI. (2020). *Innovating to Vaccinate Every Child in Uganda Through Strengthening Subnational Management*. <https://www.jsi.com/resource/innovating-to-vaccinate-every-child-in-uganda-through-strengthening-subnational-management/>
- JSI. *Mobilizing Local Support for Immunization*. <https://www.jsi.com/resource/mobilizing-local-support-for-immunization/>
- JSI. (2018). *Reaching the Unreached: Expanding Access to HPV Vaccine in Madagascar*. <https://www.jsi.com/resource/reaching-the-unreached-expanding-access-to-hpv-vaccine-in-madagascar/>
- JSI. (2019). *The Power of Partnerships for Improved Routine Immunization in Nigeria*. <https://www.jsi.com/resource/the-power-of-partnerships-for-improved-routine-immunization-in-nigeria/>
- JSI. (2020). *The Rotavirus Accelerated Vaccine Introduction Network (RAVIN)*. <https://www.jsi.com/resource/the-rotavirus-accelerated-vaccine-introduction-network-ravin/>
- SAMJ Research. (2020). *Lessons Learnt During the National Introduction of Human Papillomavirus (HPV) Vaccination Programmes in 6 African Countries: Stakeholders’ Perspectives*. <https://www.samj.org.za/index.php/samj/article/view/12789>
- USAID. (2018). *District Leaders’ Commitments to Support and Improve Routine Immunization in Uganda*. <https://www.usaid.gov/uganda/news/district-leaders-commitments-support-and-improve-routine-immunization-uganda>
- USAID. (2013). *Immunization Essentials*. <https://www.usaid.gov/what-we-do/global-health/immunization-essentials>
- USAID. (2019). *Increasing Immunization Coverage Through Strengthening Comprehensive Council Health Planning (CCHP) in Kagera, Tanzania*. <https://www.usaid.gov/tanzania/news/increasing-immunization-coverage-through-strengthening-comprehensive-council-health-planning>

Inventory of Resources

- USAID. (2019). *Increasing Immunization Coverage Through Strengthening Comprehensive Council Health Planning (CCHP) in Kagera, Tanzania*. <https://www.usaid.gov/tanzania/news/increasing-immunization-coverage-through-strengthening-comprehensive-council-health-planning>
- USAID. (2021). *Private-Sector Engagement Policy*. <https://www.usaid.gov/work-usaid/private-sector-engagement/policy>
- USAID. (2018). *Strengthening Routine Immunization Through Subnational Partnerships*. <https://www.usaid.gov/what-we-do/global-health/immunization/strengthening-routine-immunization-through-subnational-partnerships>
- WHO. (2017). *Engagement of Private/Nongovernmental Health Providers in Immunization Service Delivery*. <https://www.who.int/publications/i/item/engagement-of-private-nongovernmental-health-providers-in-immunization-service-delivery>
- WHO. (2016). *Global Routine Immunization Strategies and Practices (GRISP)*. https://www.who.int/immunization/programmes_systems/policies_strategies/GRISP/en/
- WHO. (2020). *Immunization Agenda 2030*. <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030>
- WHO. (2020). *Immunization Coverage: Are We Losing Ground?*. <https://www.who.int/news-room/feature-stories/detail/immunization-coverage-are-we-losing-ground>